

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101534766

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6						
7						
8						
9						
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11						
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13						
14						
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17						
18						
19						
20						
21						
22						
23						
24	1					
25						
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27						
28		22				
29		22				
30		22				
31		22				
32		22				
33		22				
34	1					
35		1				
36	1					
37	1					
38	1					
39	1					
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49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	156	←		←		←
TOTAL CLAIMS	165					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						